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Sanitary report from Vera Cruz—Yellow fever.

VERA CRUZ, MEXICO, August 17, 1899.

SIR: I have the honor to report that 1 more case of fever has developed aboard the Spanish steamship *Mayo*, and that the case was brought ashore and put in the hospital. Of the 3 engineers that were first attacked, the second will make a quick recovery, but the prognosis in the other 2 is unfavorable. The ship is evidently thoroughly infected, and I will have her fumigated and disinfected before she leaves here for Mobile.

The British steamship *Mira* came to Vera Cruz last week and stayed about five days, and then proceeded to Tampico to finish unloading her cargo. Before arriving in Tampico an apprentice boy was seized with a bilious (?) attack that did not succumb to calomel and quinine, and he was left in the hospital in Tampico. The vessel arrived here yesterday morning with all well aboard, but in the evening 1 man had very high fever, and this morning when I examined him he had a temperature of 40° C., no albumen, pulse 62, eye injected, and headache. I diagnosed it suspicious and had the man sent to the hospital. The apartments were fumigated as soon as the patient was out of the ship.

The ship is loading cattle for Havana, and from there will proceed to New Orleans. Should the case be yellow fever, I will have all the compartments fumigated and let the vessel proceed to Havana, where she can discharge the cattle in quarantine and proceed to Tortugas for her quarantine and fumigation.

The question of an early diagnosis is a very important and difficult proposition, in that it is doubly dangerous to make a mistake. In the first place, if a suspicious case is sent to the hospital and the fever is not "yellow," you then have a nonimmune patient in an infected ward, and the chances are that if he recovers from the initial fever he will become infected before convalescence is established. Should the diagnosis be postponed until diagnostic symptoms appear, then the whole crew are liable to infection before the original case is removed and the apartments fumigated.

If calomel, castor oil, and quinine do not reduce the fever within eighteen hours, yellow fever is a safe diagnosis here in the city, and will answer in the majority of cases aboard ship, but there is an uncertainty about the diagnosis when the vessel is in port only a few hours. The rule in Vera Cruz is to only report cases as "yellow" when albumen appears in the urine.

The mortality from yellow fever has decreased considerably during the past week, but I think that the city is as thoroughly infected as at any time during the epidemic. * * * There is now 1 infected and 1 suspected vessel in the harbor, and there is no evidence that there was any communication from the ships ashore, and only the laborers from ashore to the ships (a thing common to all vessels in the port). Judging from the records of the previous epidemics, when the fever was started in the shipping, it is safe to predict a serious condition, as the crews are nonimmune foreigners who are more susceptible to infection than any other class of people.

In regard to the passenger traffic to Havana, there is one feature of the business that I think extremely dangerous, and that is the carrying of passengers from here to Progreso mixed with the Havana passengers. The Progreso passengers are not under my control, and they are not personally examined by the Mexican authorities, and as these pas-

sengers or similar passengers have spread the fever from Tampico to Coatzacoalcos it is reasonable to suppose that they might take it to Progreso, and at the same time infect the ship, crew, and fellow-passengers en route. I have tried to figure out a remedy for this condition, but without success. The safety of Havana lies in sending only immunes from here. Of those nonimmune, noninfected individuals from noninfected localities, that pass through here, I am skeptical, especially as they travel with immune passengers from an infected locality.

Respectfully, yours,

SAML. H. HODGSON,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Sanitary report from Vera Cruz—Yellow fever.

VERA CRUZ, MEXICO, *August 19, 1899.*

SIR: I have the honor to report the following statistics for the week ended August 17:

Cases of yellow fever, 28; deaths from yellow fever, 9; deaths from all causes, 40; deaths from pernicious fever, 2; from remittent, 5.

There are now 4 infected vessels in the harbor having had a total of 7 cases aboard. All the sick have been brought ashore to the hospital, and the compartments of the sick have been thoroughly disinfected and fumigated.

I inspected the steamship *Vittoria* yesterday morning at 10 o'clock, and at 3 wrote her a bill of health declaring all well aboard. At 4 I was called aboard and found a very suspicious case in the person of the cook, who is an Italian. At 6 this morning the case had not yielded to the antibilious treatment, and I suggested to the captain to leave the man ashore, as the case was suspicious and the vessel would leave port in a few hours to load along the coast where there was no medical assistance obtainable. My suggestion was complied with, and the bill of health was made out in accordance with the facts. The fever having appeared among the shipping has caused considerable uneasiness among those most concerned.

Three of the 4 cases taken from the Spanish steamship *Mayo*, are convalescent. The last case is in the fourth day, but will recover. I will have the whole vessel thoroughly disinfected, and all bedding, clothing, and fabrics put through the Government steam disinfecter. This vessel (*Mayo*) is bound to Mobile via Ship Island Quarantine. I will incorporate a full report in the consular bill of health.

I have just heard that an American physician, who was trying his yellow fever specific, died of the disease in Cordoba. The consular officer is investigating the report.

The mortality for the past week shows a lack of material in the city, but the appearance of the fever in the shipping among the nonimmunes shows that the infection is as prevalent as ever. * * *

Respectfully, yours,

SAML. H. HODGSON,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

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